

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>DEROSE ROBERT</u> <hr/> (Last) (First) (Middle) P.O. BOX 8167 <hr/> (Street) RANCHO SANTA FE CA 92067 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 09/25/2024	3. Issuer Name and Ticker or Trading Symbol <u>Legacy Education Inc. [ LGCY ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person <input checked="" type="checkbox"/>	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	1,052,974	I	See footnote <sup>(1)(3)</sup>
Common Stock	98,370	I	See footnote <sup>(2)(3)</sup>

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
Option (Right to Buy)	(4)	04/01/2034	Common Stock 50,000	3.74	D <sup>(5)</sup>	

1. Name and Address of Reporting Person* <u>DEROSE ROBERT</u> <hr/> (Last) (First) (Middle) P.O. BOX 8167 <hr/> (Street) RANCHO SANTA FE CA 92067 <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>deRose Susan</u> <hr/> (Last) (First) (Middle) P.O. BOX 8167 <hr/> (Street) RANCHO SANTA FE CA 92067 <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Robert D. deRose &amp; Susan deRose Family Trust DTD 11/18/1986</u> <hr/> (Last) (First) (Middle) P.O. BOX 8167 <hr/> (Street) RANCHO SANTA FE CA 92067 <hr/> (City) (State) (Zip)		
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(City) (State) (Zip)

**Explanation of Responses:**

1. These shares are owned directly by the Robert D. deRose & Susan deRose Family Trust DTD 11/18/1986 and indirectly by Robert deRose and Susan deRose as co-trustees of the trust.
2. These shares are owned directly by the Allison M. deRose Trust DTD 5/29/1991 and indirectly by Robert deRose and Susan deRose as co-trustees of the trust.
3. Robert deRose and Susan deRose are ten percent owners of the Issuer.
4. The options vest monthly over a three year period, with the first tranche vesting on April 1, 2024.
5. Susan deRose disclaims beneficial ownership in the securities held by Robert deRose except to the extent of any pecuniary interest therein.

/s/ Robert deRose 10/04/2024

/s/ Susan deRose 10/04/2024

/s/ Robert deRose as Co-Trustee of  
the Robert D. deRose & Susan  
deRose Family Trust DTD 10/04/2024  
11/18/1986

/s/ Susan deRose as Co-Trustee of  
the Robert D. deRose & Susan  
deRose Family Trust DTD 10/04/2024  
11/18/1986

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.**